



Registered Family Day Care Home - SAFETY EVALUATION CHECKLIST

You must attest to the safety of the home by completing this form as required by K.S.A. 65-519.

INSTRUCTIONS:

1. Complete information in the blank spaces. Read each statement carefully.
2. Place a check mark or X under Yes, No or NA (Not applicable or does not apply) and complete all of the statements. Incomplete forms will be returned to the applicant.
3. Check both sides of each page to be sure they are complete. **Check to see that the last page is signed.**
4. Read the Laws, Regulations, and Procedures for Registration of Family Day Care Homes.
5. Submit **one copy** of this form to the Kansas Department of Health and Environment with the application.

NOTE: The questions listed on this form do not reflect all of the laws and regulations for a Registered Family Day Care Home. Please refer to the Regulation book for all applicable laws and regulations.

Certificate Number (if currently registered) _____ County _____

Name of Applicant or Registrant (**exactly as it appears on the certificate**) (_____) Telephone Number _____ Email Address _____

Physical Address of the Home: Street Address _____ City _____ Zip Code _____

YES NO NA

- | | | | |
|-------|-------|----|---|
| _____ | _____ | 1. | I agree to maintain the number of children in care within the registration capacity. I will not care for more than six (6) children in my home at any one time, including my own children under 12 years of age and relatives and neighbors from birth to 16 years of age. I understand that not more than three of the children at my home at any one time can be under 18 months of age. I understand there are no exceptions to exceed the number of children allowed to be in care. |
| _____ | _____ | 2. | I understand that children enrolled for emergency care or drop-in care are not to cause me to exceed my registration capacity. |
| _____ | _____ | 3. | I am providing one type of care. (Other types of care include Family Foster Home, Adult Care, or 24 Hour Respite Care.) If no, please explain: _____. |
| _____ | _____ | 4. | I am providing child care for less than 24 hours per day. (Yes indicates compliance.) |

[illegible]

- *****

- YES NO NA

I have public water.

I have public sewerage.

(c) My home is skirted and anchored, if mobile home;

(d) My home has a second exit readily available from the first floor;

(e) I have a fire extinguisher in or near the kitchen;

(f) I have covered kitchen and outdoor trash containers;

(g) I keep medications, household cleaning supplies, bodily care products with warning labels or which contain alcohol, dangerous chemicals, and any and all products with warning labels locked or stored out of the reach of children under 10 years of age;

(h) I keep sharp knives, sharp scissors and other sharp instruments stored out of the reach of children or locked up;

(i) If guns or other dangerous weapons are on the premises, I will keep them in locked storage or have trigger locks;

(j) If my home has gas stoves/space heaters they are properly vented and guarded;

(k) I keep all electrical outlets that are not in use covered;

(l) I have a basement. If yes, answer the following. If no, go to the next statement.

____ Yes ____ No My basement is used for child care.

____ Yes ____ No My basement has been approved by a fire safety inspector.

(m) I have indoor and outdoor stairways that are railed and that have balusters not more than 4" apart or guarded. Stairways are guarded by a door, gate, or other barrier for children under 2 1/2 years of age.

(n) I have a floor furnace that is guarded.

(o) Children will sleep upstairs in my home. If yes, answer the following. If no, go to the next statement.

____ Yes ____ No I have a smoke detector in each sleeping room and on each level.

13. Napping and Resting:

(a) I use a crib or playpen for each child under 18 months of age.

(b) I use a family bed, cot, sofa, lower bunk, or foam pad at least one-half inch thick over carpet for each child over 18 months.

YES NO NA

(c) I agree to NOT lay children under 18 months of age on a waterbed, sofa, or other soft surface to nap or rest.

_____ (d) I have individual bedding for each child's use (top and bottom cover). Individual bedding is stored in a clean and sanitary manner.

_____ 14. To prevent the spread of disease:

- _____ (a) I wash my hands frequently and always after using the bathroom, diapering, wiping noses, and before and after handling food.
- _____ (b) Children wash their hands frequently and always after using the bathroom, wiping their nose and before and after eating.
- _____ (c) I keep toys washed and sanitized frequently. Infant/toddler toys are washed and sanitized daily.
- _____ (d) I provide individual towels and wash cloths or paper towels in the bathroom to be used by children and adults during child care hours.

_____ 15. I understand and will follow the precautions listed below when administering medication to children in my care:

- _____ (a) I obtain written parental permission for non-prescription medicines;
- _____ (b) I only administer prescription medication from a prescription bottle containing the child's name, dosage, and name of physician.
- _____ (c) I keep a complete, written record of all medications administered.

_____ 16. I have the following toys and play equipment. Some are within reach of children. (Check all that you have. It is not required that you have all listed items.)

_____ Dolls	_____ Toy Cars/Trucks	_____ Wagons/Tricycles	_____ Puzzles
_____ Dress Up Clothes	_____ Swings/Climbing Toys	_____ Sand Box	_____ Playhouse Equip.
_____ Blocks	_____ Books	_____ Crayons and Paper	_____ Records/tapes & player

_____ 17. I offer each child the opportunity to participate daily in activities which promote healthy growth and development.

_____ 18. I understand the importance of proper supervision for young children and I agree to the following statements:

- _____ (a) I will not engage in either business or social activities that interfere with the proper care or supervision of children
- _____ (b) Children are under the supervision of a person 16 years of age or older who is responsible for the child's health, safety, and well-being.
- _____ (c) I will be aware of the children's location at all times, inside and outside and I will stay with them. If the children are out of sight in my home, I will check on them at frequent intervals and I will be within hearing distance at all times.

YES NO NA

_____ (d) Children under three years of age, when outside, are supervised by a person 16 years of age or older who is outside with them.

_____ 19. I have read and agree to comply with K.A.R. 28-4-132(b) concerning the use of appropriate discipline and prohibited punishment.
I will give my written discipline policy to parents of the children in care.

_____ (a) I agree to not use punishment that is humiliating, frightening, or physically harmful to children including corporal
_____ punishment such as spanking with the hand or any implement, slapping, swatting, pulling hair, yanking the arm, or any
_____ similar activity.

_____ (b) I agree to not use any form of prohibited punishment as stated in K.A.R. 28-4-132(b) even if parents give permission.

_____ 20. The outdoor play area:

_____ (a) My outdoor play area is fenced. Children only use the fenced area for outdoor play and they are supervised while
_____ outside;

_____ (b) My outdoor play area is not fenced. I am always with the children when they play outside;

_____ (c) I will keep my outdoor play area free of broken glass, broken toys and play equipment, construction materials, mowers,
_____ and other dangerous items or equipment;

_____ (d) Outdoor climbing equipment and swings are anchored firmly in the ground;

_____ (e) I agree to provide and maintain the surface under anchored play equipment that consists of maintained grass, sand, pea
_____ gravel, finely ground mulch, or other material approved by the child care facility surveyor.

_____ (f) Check any of the following that are on or adjacent to your property;

_____ Railroad Tracks _____ Ravine or ditch that fills with water
_____ River, lake, swimming pool _____ Heavily traveled street.

_____ (g) I have an above ground or in-ground swimming pool. If yes, answer the following. If no, go to the next statement.

_____ Yes _____ No The pool is enclosed with a fence at least 5 feet high (or if above-ground pool, it is more
than four feet high) as stated in K.A.R. 28-4-129.

_____ Yes _____ No Children will only use the pool if a person with a life saving certificate or a person with
training in CPR and who can swim is in attendance at all times.

_____ (h) I agree to not allow the use of trampolines during day care hours. I will make the trampoline so that it cannot be
accessed by the children.

YES NO NA

_____ 21. I will provide meals for children in my care that are nutritious and that are prepared in my home.

_____ 22. I will use pasteurized milk and dairy products.

- _____ 23. I will hold infants for bottle feeding, if they cannot hold their own bottle.
- _____ 24. I will determine the number of snacks and meals provided for each child each day by the following:
- | | |
|-------------------------------|--|
| <u>Length of Time in Care</u> | <u>Nutritious Food Served</u> |
| 2 1/2 - 4 hours | 1 Snack |
| 4 - 8 hours | 1 Snack and 1 Meal |
| 8 - 10 hours | 2 Snacks & 1 Meal or 1 Snack & 2 Meals |
| 10 hours of more | 2 meals and 2 or 3 snacks |
- _____ 25. I will choose and provide meals and snacks from the following food groups: Milk and milk products; fruits and vegetables; bread; meat and meat alternates.
- _____ 26. I will check at the time of enrollment for food allergies and/or other dietary needs which require changes of food served.
- _____ 27. I will prepare food in a sanitary manner. I keep cold foods cold and hot foods hot.
- _____ 28. I agree to not allow infants/toddlers to sleep with bottles.
- *****
- _____ 29. I will notify the child care facility surveyor or KDH & E when I discontinue care or move.
- _____ 30. I will allow entry to the child care facility surveyor or other KDH & E representative for the purpose of assessing compliance of my family day care home following a complaint.
- _____ 31. I will report within one week, and keep on file in my home, the required KBI/SRS Child Abuse Registry Screening information for each new person over 10 years of age who resides, works, regularly volunteers and/or substitutes in my home.
- _____ 32. I will report promptly to SRS the name of any child brought to me for care whom I suspect has been injured through abuse or neglect.
- _____ 33. I will allow parent(s) or guardian(s) of each child to have access to my home and yard during all hours of operation.
- _____ 34. I will post my Certificate of Registration where parents can see it.

35. Complete the following:

List the full name (First, Last) of all persons 16 years of age and older living, working or volunteering in the day care home including applicant and substitute(s):	Gender Male or Female	Birth Date (MM/DD/YYYY)	Relationship to Applicant	Date of TB Test (MM/DD/YYYY)

[illegible]

43. See last page.

ADDITIONAL INFORMATION:

- Yes

No

NA

44.

I am planning to enroll children whose care will be paid for by SRS.
- _____

45.

I use, or plan to use, the services of a day care referral agency. If yes, the name of the agency is _____.
- _____

46.

I have enrolled or plan to enroll in the child care food program. If yes, the name of the sponsor is _____.
- _____

47.

I have liability and injury insurance in the amount of _____. NOTE: Auto accident and liability insurance is required, if you transport children as stated in K.A.R. 28-4-130(a)(3). Please also consult with your insurance agent.

I certify that all information given in this Safety Evaluation Form is true and correct. I understand that it is my responsibility to remain in compliance.

Signature of Applicant

Date

(MM/DD/YYYY)

*Recommended Immunizations